



Office of Applied Research and Analysis (OARA)

RESEARCH SERVICES (DATA) REQUEST FORM

ADP 100146 (revised June 1, 2006)

Date of Request:

Desired Completion Date:

Company/Organization Requesting Information:

Address/Street, City, State, ZIP:

Requester Name:

Phone No.:

E-Mail:

Fax No.:

FOR ALCOHOL AND DRUG PROGRAMS (ADP) STAFF REQUESTS ONLY

Branch/Div. Manager
(Print Name):

Signature:

Deputy Director's signature is Required if this request is a RUSH or if ADP is not the recipient of this request or the information it provides.

Deputy Director
(Print Name):

Signature:

REQUEST INSTRUCTIONS: Indicate database, data elements desired, aggregate- or individual-level data needed, and for what time period(s). Include confidentiality, privacy, and security assurances for individual-level data. Please use additional sheet of paper if necessary.

Who is the end-user of this data?

☐ Personal

☐ Public

☐ Private Business ☐ Government

What is the purpose of this data?

☐ Education

☐ Advocacy

☐ Obtain Grant or Funding

What is the end product of this data?

☐ No Further

☐ Written Report

☐ Primary Analysis ☐ Secondary Analysis

Why do you need this data? What are you going to use it for?

Have you spoken to someone in OARA about this request?

NO

YES

If Yes, Who?

Is this request related to a previous request?

NO

YES

Do you plan to augment or cross reference other data with this data?

Desired Format:

☐ Hard Copy

☐ E-Mail

☐ CD

☐ Diskette

☐ Fax

☐ Mail

☐ Routine Priority

☐ Rush (Within 1 week)

Justify Rush:

TO BE COMPLETED BY ADP ONLY

ADP APPROVAL PROCESS (REQUIRED BEFORE COMPLETION AND MAILOUT OF DATA)

Legal Office

Privacy Officer

HIPAA

ISO

PIO

Signature/Date

Signature/Date

Signature/Date

Signature/Date

Signature/Date

TO BE COMPLETED BY OARA ONLY

Mainframe/Computer Program
– Project:

Group:
Type:

Member:

SAS PC File Path:

Staff Initials:

Date:

Time to Complete:

LOG #

L. J. CARR, Ph.D.
Deputy Director:

Date: